

# PARENTWORKS

## Registration form

Name: \_\_\_\_\_

Docket Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_ (Daytime)  
\_\_\_\_\_ (Evening)

Date of Program you wish to register for \_\_\_\_\_

Court ordered? \_\_\_\_\_

Amount of payment enclosed: \_\_\_\_\_

Name of person to be scheduled at different time: \_\_\_\_\_

Please mail the completed registration form along with \$45.00 payment to:

**PARENTWORKS**  
P.O. Box 505  
Rockland, ME 04841